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The new (?) look of precaution

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Abstract

Letter from the Editor-in-Chief

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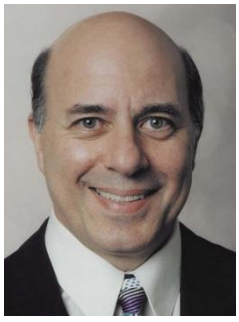
Letter from the Editor



Paul B. Freeman, OD
Editor-in-Chief

The new (?) look of precaution

One of the challenges of writing an editorial for a biannual journal is deciding how to make the information timely. As I mentioned in my October editorial, I will begin each editorial with heartfelt recognition to frontline workers who keep us healthy and safe, along with those who are trying to maintain some sense of normalcy in our lives. To all of you I say (and all caps, as I have come to learn, means shouting) THANK YOU! Moreover, in return, may they themselves and their loved ones experience all they have afforded us. And, mindful of the admonition to wear masks, wash hands frequently, and socially distance (along with getting vaccines now widely available), this *thank you* will always be sincere, but hopefully will soon be seen in our rearview mirrors. That having been said, however, if we stare too long into the rearview mirror, and if we fail to anticipate by planning ahead, we will surely be ill prepared if (or when) we run into further unexpected challenges.

We all quickly became educated about how the COVID-19 pandemic emerged, how the virus impacted the total human system (obviously including the eyes), and how we might learn from this experience to be better prepared, going forward, for what many consider will almost certainly be outbreaks from other infectious diseases. This virus disrupted eye care for patients and health care providers alike, though those in immediate need of care were still seen, even at the risk of exposing the practitioner to infection. And this disruption forced healthcare providers to institute protocols to minimize infection risk and, as we all saw, those protocols, especially early on, were revised frequently. Still, there are certain underlying precautions that have been constant and may, in fact, change the way we interact with our patients going forward. The most disruptive precaution has been mask wearing by both doctor and patient, which, along with protection, brought its own

problems, one of which was lens fogging. Over time, however, many of us learned to minimize the fog in our and our patient's glasses, in the phoropter, in a trial frame, when at the slit lamp, or even while doing a visual field, often by using tape (paper tape being the least irritating) to seal the upper edge of the mask, or by using lens anti fogging spray. While this precaution may not continue once the pandemic is over, there may be times, like during flu season, when this may still be prudent, given that those who have the flu can be spreaders, can become very sick and, in fact, can die (although not nearly at the rate we experienced during this pandemic). Handwashing hit a high during this pandemic and will undoubtedly continue to be a priority amongst all practitioners going forward. Glove wearing, something most practitioners did not typically do during eye health and vision visits, may be a holdover as well for those who have become comfortable with this method of protection. An easy precaution that will undoubtedly stay with practices is the use of a protective shield for the slit lamp. The size, position, curvature, and material for the shield will undoubtedly continue to be researched for best protection.[1] Along the same lines, the use of protective eyewear (and face shields) has taken on more significance from an eye care provider's perspective. For some, this may continue to be appropriate on a seasonal basis. Another precaution which may take on increased importance is making sure the examination room and ancillary rooms are thoroughly cleaned after each patient encounter; simply wiping off the tonometer and putting away "stuff" could be a thing of the past. Additionally, once we are clear of the pandemic, the precautionary measure of noncontact with our patients may be a bit more challenging. Many of us enjoy(ed) shaking hands with our patients, as this is a way to begin and end a positive interaction. Appreciating that a handshake can mean anything from a symbol of friendship to showing someone that you are not holding a weapon[2] can take on new significance, especially if the unseen "weapon" is a virus, and the friendship you are trying to create puts that person at risk for exposure to the virus. And finally, check-in and check-out, social distance spacing in the waiting room, and limiting who can accompany a patient, may return to "normalcy" (possibly apart from the plexiglass barriers). Any or all of these precautions could easily be reinstated, should the need arise, because patients will have had experience with all of them.

This pandemic has also brought alternative modes of communication between provider and patient to the fore. Telemedicine, which has been around for a while, has taken a front seat during the time of this pandemic in order to try to limit exposure of this virus to patients and doctors. Not all visits lend themselves to this type of communication, but where appropriate it has allowed patients to maintain current eye care. Although the rules of this type of interaction have been relaxed a bit, going forward, even with more structure to its use, I would expect that telemedicine will continue to be valuable when appropriate.

So where do we go from here? Bill Gates in his 2015 TED talk, *The Next Outbreak? We're Not Ready,*[3] chillingly predicted this COVID-19 pandemic. It is worthwhile listening to, appreciating that his prediction was reasonably accurate. One of the take home messages is that without being prepared, going forward, we will find ourselves in another challenging situation. Thanks to the ease of travel, a virus, as we have come to fully appreciate, is not constrained by a national place of origin. Known infectious pathogens such as Nipah virus, Lassa virus, Rift Valley fever, and Ebola[4] are only some of the identified viruses with potentially devastating effects on humans. In an unprepared community, these pathogens have the potential to strike us with the same type of fallout as the SARS-CoV-2 virus … not to mention the as-yet unknown viruses in our increasingly connected world. This pandemic was nature's shot across our bow and, unfortunately, every time I turn on the news, it seems that with variants of the current virus, nature keeps those shots coming.

In an invited commentary in JAMA Ophthalmology, Alfred Sommer, MD, MHS, stated "We keep making the same mistake: underestimating the threat of new infectious agents and failing to implement public health interventions as rapidly and vigorously as required,"[5] or stated more simply "those who fail to learn from history are doomed to repeat it."[6] Those of us who escape the ravages of this pandemic will be thankful, while mourning those who did not. Hopefully, by the time of my next editorial, we will be done looking in the rearview mirror and will have started to prepare for what undoubtedly will be another bump in the road ahead. Hopefully, it will be a bump and not a sinkhole!

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